

**The ADR webpage should start with page 3 of this file**

**The names of the Forms shown on page 11 of this file should become hotlinks and pages 12-22 should be separated out as individual forms that are reached by clicking on the page 11 hotlink.**

**This page, 1, should have a link from the Main ADR page with a title, "Message from the SF FEB Mediation Program Coordinator"**

**Page 2 of this file, should be separated out as a form linked to the page 1 hotlink (in blue below)**

-----Original Message-----

**From:** McCoy, Raymonde [mailto:Raymonde.McCoy@ssa.gov]  
**Sent:** Monday, December 23, 2002 3:42 PM  
**To:** Dabel, Richard M SPD@SPK  
**Subject:** San Francisco FEB Mediation Program

Attached is some information regarding the SF FEB mediation program.

A participating agency (one wishing mediation services) designates an Agency Mediation Coordinator (AMC) who completes the following contact information **Agency Mediation Coordinator Information** form below.

The responsibilities of the AMC and the mediator are explained in the attachment on Mediation Procedures.

To request a mediator you would complete Form A, Agency Request for Mediation, and have the participants sign Form B, the agreement to mediate. When I receive these forms, I will obtain a mediator.

As we discussed, the only costs for your agency would be any travel costs for the mediator, which would be minimal unless the mediation is out of town.

Please let me know if you have any questions or need more information.

Raymonde McCoy  
FEB Mediation Program  
tel: 510-970-8421  
fax: 510-970-8217  
e-mail: [raymonde.mccoy@ssa.gov](mailto:raymonde.mccoy@ssa.gov)

**(Separate out as separate file and link from preceding page)**  
***AGENCY MEDIATION COORDINATOR INFORMATION***

• <i>Name</i>	
• <i>Position</i>	
• <i>Component</i>	
• <i>Agency</i>	
• <i>Address</i>	
• <i>Telephone</i>	
• <i>Fax</i>	
• <i>E-mail address</i>	

Dear Heads of Federal Agencies, San Francisco Bay Area:

The San Francisco Bay Area Federal Executive Board (SF FEB) has established a mediation program to implement parts of: (a) the Administrative Dispute Resolution Act of 1996, P.L. 104-320, 110 Stat. 3870 (1996), (b) the President's memorandum dated May 1, 1998, and (c) revised regulations of the Equal Employment Opportunity (EEO), 29 CFR Part 1614 (1999).

Mediation, an intervention into a dispute by an acceptable, impartial and neutral third party, is the most common alternative dispute resolution (ADR) technique for EEO and general workplace disputes. The SF FEB program has established an interagency pool of mediators who will be available to participating agencies. Our first group of mediators has been formally trained and we are ready to fully implement the program.

In order to participate in the program, each agency needs to designate a mediation coordinator who will screen and refer mediation requests for the program. An agency requesting mediation for its employees will be responsible for any travel costs incurred by the mediator. Additional employees, identified by participating agencies, will be trained as mediators as the program further develops.

We urge your participation in this program. Mediation offers an effective means of organizing individuals around common interests and therefore can improve relationships. In addition, this process can save your organization the costs of protracted litigation.

## **The San Francisco Federal Executive Board Mediation Program**

Alternate Dispute Resolution (ADR) is a cost-effective means of resolving disagreements and avoiding litigation. The Administrative Dispute Resolution Act (PL 101-552) encourages federal agencies to use mediation and other alternative dispute techniques to avoid or resolve disputes. On May 1, 1998, President Clinton issued a Presidential Memorandum once again encouraging agencies to promote greater use of mediation, arbitration, early neutral evaluation, agency ombuds, and other means of alternative dispute resolution techniques.

Alternative dispute resolution includes a collection of methods ranging from conciliation, negotiation, and mediation to early neutral evaluation, mini-trials, and arbitration. The mediation process that the San Francisco Federal Executive Board (SFFEB) will use is an interest-based model. Although it is very structured, it operates as an informal process for the participants. It requires that the mediator(s) have a level of skill that can be developed only through a serious training program that includes the opportunity to practice skills and to observe other skilled mediators.

## **What is Mediation?**

Mediation is a process whereby a trained neutral third party (mediator) assists in resolving a dispute, or at least narrowing and clarifying issues, in a manner that is acceptable to both sides. This model uses one or two mediators who sit down with all parties and assist them in negotiating their own resolution to a dispute. The goal of the mediator is to provide a safe environment for the parties to discuss their issues and underlying interests, to build their agenda of items to resolve, and to negotiate resolutions that satisfy their interests. The mediator is a completely neutral third party who has no stake in the outcome other than to assure that the resolution is acceptable to the parties involved in the dispute.

Mediation, unlike traditional litigation, is informal. The rules of evidence do not apply, testimony is not taken, a formal record is not made and the mediator does not decide the dispute. It is also different from traditional negotiations in that a third party facilitates the discussions, sometimes with both disputants together and sometimes with each side privately.

## **The Value of Mediation**

Disputes often arise out of communication problems. The traditional litigation model sometimes exacerbates disputes, unnecessarily solidifies positions, results in protracted and costly litigation and destroys working relationships. Mediators are trained in communications skills, and a session with a mediator can facilitate a constructive exchange of views and develop previously unseen alternatives.

Mediations may narrow or clarify issues leading to the parties actually resolving their own dispute. Thus, mediation can provide a cost-effective alternative to litigation. Even if the disputants do not resolve the dispute, mediation frequently will simplify the issues and enhance communications so that litigation proceeds more rapidly and is more focused, therefore less costly as a result of having attempted mediation.

## **Mediation Guidelines**

### **Appropriate use of the Mediation Program**

- The dispute is primarily factual.
- The position of each side has merit, but its value is overstated.
- The cost of litigating the dispute would exceed the potential recovery.
- No further discovery is required—or limited expedited discovery will suffice—for each side to assess its strengths and weaknesses.
- A speedy resolution is desirable.
- There is an opportunity to rehabilitate a disaffected employee through open communication.
- Trial preparations could be costly and protracted.

- A neutral third party could help diffuse the emotion or hostility that may inhibit an appropriate resolution.
- There is a continuing relationship among the parties.
- The parties have indicated they want to settle.

### **Inappropriate use of the Mediation Program**

- The dispute is primarily over issues of law and a decision with precedential value is needed.
- A significant policy question is involved.
- A full public record of the proceeding is important.
- The outcome would significantly affect nonparties.
- The costs of using an ADR procedure would probably be greater (in time and money) than the costs of pursuing litigation.
- The case involves a willful or criminal violation of law.
- The advantage of delay runs heavily in favor of one side.
- One side has little motivation to settle.
- There is a need for continuing board or court supervision of one of the parties.
- The case is likely to be resolved efficiently without assistance (e.g. settle, motion)
- More time must elapse before each side's position and settlement possibilities can all be evaluated.

### **Sharing Resources**

The goal of the SFFEB Program is to provide low cost, high quality mediation services to federal agencies by creating a pool of trained and experienced mediators from participating agencies. The use by an agency of an employee mediator from another agency has all the advantages of resource sharing, as well as removing any perceived lack of neutrality by any employee of the requesting agency. Use of a confidential mediator from another agency also minimizes post mediation perceived bias or inappropriate knowledge by any of the requesting agencies own employees.

Although an agency that has an employee in the SFFEB mediation pool may use that person to mediate its own disputes, it will have the option to use the mediation program in order to preserve neutrality. The program will establish an interagency pool of skilled and trained mediators, and will, in the long run, provide an avenue for adding new mediators to the pool by allowing mediators with training, but little or no experience, to co-mediate with an experienced mediator who is a member of the pool.

An agency will not be prohibited from requesting a mediator from the pool simply because it has no qualified mediators, so long as resources are available to accommodate the request without adversely affecting a participating agency. A "non participating" agency may be required, however, to provide some other valuable service to the program by, for example, assisting in the various administrative chores associated with maintaining the roster of mediators.

## **Steering Committee**

A Steering Committee exists to provide oversight and guidance during the operation of the program. This Steering Committee is responsible for gathering, screening, and compiling the pool of mediators. The committee is comprised of a minimum of five members drawn from the various administrative agencies involved in designing the project.

## **Duties and Responsibilities**

### **Steering Committee**

The steering committee will have general oversight responsibilities for the program. This includes:

1. appointing program coordinators
2. developing and coordinating mediator training
3. maintaining a mediator roster
4. evaluating the program

### **Program Coordinator**

The program coordinator is the main point of contact for agencies requesting mediation and for those in the mediation pool. The coordinator is responsible for assigning mediators, collecting data, maintaining necessary records and generally facilitating the various aspects of the program. The coordinator position is a voluntary position that is rotated on a yearly basis between steering committee members and other interested participating agency persons.

### **Agency Mediation Coordinator**

Each participating agency names one mediation coordinator within its agency. This person communicates with the program coordinator regarding any aspect of the program. Once both parties involved in a dispute have elected to participate in the ADR process, the agency mediation coordinator will refer the request to the program coordinator. The mediation coordinator will be responsible for managing the time frames so that complainants do not lose the option of returning to EEO and grievance processes.

### **Requesting/Participating Agency**

The agency will:

1. identify mediators and assume responsibility for training costs
2. identify a mediation coordinator
3. provide mediation site when mediation services have been requested
4. assume any travel/per diem costs incurred by the mediator
5. allow mediators to attend meetings, training and mediation sessions as needed

6. ensure that the person representing the agency at the mediation has the authority to agree to a resolution

Agencies that do not have mediators on the roster are not excluded from the mediation program. However, they may be asked to participate by supplying administrative assistance.

### **Mediators**

Mediators are neutral third parties that enable the parties to initiate progress toward their own resolution of the issues in dispute. Mediators are responsible for contacting the parties in dispute and arranging a mediation date and site. The mediator resolves any disputes involving information requests and makes the final decision regarding what parties will be present at the mediation. If a resolution is achieved, the mediator will assist in crafting a settlement. EEOC regulations require that the terms of the resolution be reduced to writing and signed by both parties. If there is no resolution, the fact finding materials developed during mediation for EEO cases will be returned to the program coordinator for delivery to the agency mediation coordinator.

### **Mediator Training**

All individuals selected as mediators will be required to participate in a formal mediation training program. Training will be a minimum of 40 hours and will focus on solving federal sector EEO and general workplace disputes. The steering committee will identify trainers who meet these training requirements.

### **Mediation**

The time and place of mediation will be coordinated by the mediator. Mediation will be limited to 8 hours, and concluding documents will be submitted to the program coordinator no later than 5 calendar days following the mediation. Prior to the mediation, both parties must agree as to who will be at the mediation table. Normally, those present at the mediation are: the mediator, the disputants, and often, the disputants' representatives. Either party to the mediation may voluntarily withdraw at any time in the process.

### **Settlement Agreements**

All settlement agreements will be reduced to writing. It is important that the person signing the settlement agreement has the authority to resolve the dispute. All EEO and grievance settlements will be reviewed by the requesting agency before being signed by the disputants. Because each agency may have its own format for written settlement agreements, each agency may supply its own settlement agreement form.

## **Program Evaluation**

The program will be evaluated at the end of each fiscal year to determine whether changes in the model or process are called for. The program will be measured from data collected from evaluation forms completed by mediators and disputants.



**SAN FRANCISCO FEDERAL EXECUTIVE BOARD**  
**MEDIATION PROGRAM**

**Program Coordinator**

- Is the main point of contact for requesting agencies and mediators.
- Receives request for mediation from Agency Mediation Coordinator.
- Assigns mediators.
- Collects data.
- Maintains necessary records.
- Maintains feedback information on the Mediation Program.

***Contact information for the Program Coordinator:***

*Name: Raymonde McCoy*  
*Position: EEO Specialist*  
*Component: Civil Rights and Equal Opportunity*  
*Agency: Social Security Administration*  
*Address: P.O. Box 4116*  
*Richmond, CA 94804*  
*Telephone: 510-970-8421*  
*FAX: 510-970-8217*  
*E-mail: [raymonde.mccoy@ssa.gov](mailto:raymonde.mccoy@ssa.gov)*

*To the extent possible, all information should be **e-mailed** to the Program Coordinator.*

***Mediation Policy Coordinator: Isaac Williams***

*Acts as back-up to Program Coordinator and resolves policy questions.*

*Contact information:*

*Position: Manager*  
*Component: Civil Rights and Equal Opportunity*  
*Agency: Social Security Administration*  
*Address: P.O. Box 4116*  
*Richmond, CA 94804*  
*Telephone: 510-970-8424*  
*FAX: 510-970-8217*  
*E-mail: [isaac.williams@ssa.gov](mailto:isaac.williams@ssa.gov)*

## SAN FRANCISCO FEDERAL EXECUTIVE BOARD MEDIATION PROGRAM

### Agency Mediation Coordinator

- Named by each participating agency.
- Receives mediation request from employee.
- Contacts management to establish that they are willing to participate in mediation.
- Obtains signed **Form B, Agreement to Participate in Mediation Program**, from the participants **prior to** requesting mediation.
- Completes **Form A, Agency Request for Mediation**, and forwards along with signed **Agreement to Participate** to Program Coordinator to request mediator.
- Keeps all parties informed regarding the status of the request for mediation.
- Once the mediator has been assigned, is the point of contact for all parties involved in the mediation.
- Coordinates the payment of travel expenses for the mediator.
- Maintains record of agency expense for each mediation.
- Processes settlement agreement in accordance with agency requirements.
- Forwards **Form C, Agency Feedback on Mediation Program**, to the Program Coordinator on an annual basis.

### Mediator

- Will be contacted by the Program Coordinator.
- Contacts the parties in dispute to arrange mediation date and site, and who will be at table.
- Contacts the Agency Mediation Coordinator to advise of plans for mediation and arrange for reimbursement of travel expenses.
- Limits mediation to 8 hours. If parties are close to resolution, mediator can request extension from Agency Mediation Coordinator (there may be budget and time considerations).
- **If there is a resolution,**
  - Works with participants to complete **Form D, Mediation Program Settlement Agreement**.
  - Provides copies of settlement agreement to the parties involved in the mediation.
  - Forwards original, signed settlement agreement to Agency Mediation Coordinator.

**SAN FRANCISCO FEDERAL EXECUTIVE BOARD**  
**MEDIATION PROGRAM**

- **If there is no resolution,**
  - Returns fact-finding materials developed during mediation for EEO cases to the Agency Mediation Coordinator no later than 5 days following mediation.
- **At the end of every mediation,** completes **Form F, Mediator Close-out/Feedback Form**, and returns it via fax or e-mail to **the Program Coordinator** no later than 5 days following each mediation.
- Provides to all participants in the mediation, **Form E, Customer Survey for Mediation Program**, to be returned to the Program Coordinator.

**Forms Used in the FEB Mediation Program**

- **Form A: Agency Request for Mediation**  
*Completed by Agency Mediation Coordinator and forwarded to Program Coordinator to request a mediator.*
- **Form B: Agreement to Participate in Mediation Program**  
*Agency Mediation Coordinator obtains signatures of mediation participants **prior to** requesting mediator, and forwards signed agreement along with Agency Request for Mediation to Program Coordinator.*
- **Form C: Agency Survey on Mediation Program**  
*Completed annually by participating agencies.*
- **Form D: Mediation Program Settlement Agreement**  
*Completed by the mediator and signed by participants to document the settlement of disputes at mediation.*
- **Form E: Customer Survey for Mediation Program**  
*Voluntary feedback form completed by mediation participants.*
- **Form F: Mediator Close-out/Feedback Form**  
*Completed by the mediator at the end of every mediation and forwarded to Program Coordinator.*

**SAN FRANCISCO FEDERAL EXECUTIVE BOARD MEDIATION PROGRAM**

**AGENCY REQUEST FOR MEDIATION**

<b>Requesting Agency:</b>	<b>Mediation Coordinator:</b>
<b>Date:</b>	<b>Telephone:</b>
<b>First Party:</b>	<b>Position:</b>
(Last Name, First Name)	(Title and Grade)
<b>Address:</b>	<b>Telephone:</b>
<b>Fax:</b>	<b>E-mail:</b>
<b>Representative's Name:</b>	<b>Telephone:</b>
<b>Fax:</b>	<b>E-mail:</b>
<b>Is employee a bargaining unit member? YES _____ NO _____</b>	
<b>Has employee initiated a formal or informal EEO complaint, or any other grievance through one of the agency's administrative grievance procedures or negotiated grievance procedures? YES _____ NO _____</b>	
<b>Second Party:</b>	<b>Position:</b>
	(Title and Grade)
<b>Telephone:</b>	<b>E-mail:</b>
<b>Other Party:</b>	<b>Position:</b>
	(Title and Grade)
<b>Telephone:</b>	<b>E-mail:</b>
<b>Basis of dispute (if more space is needed, continue on separate sheet):</b>	
<b>Remarks:</b>	
<b>Mediator:</b>	
<b>Case Assigned:</b>	

## AGREEMENT TO PARTICIPATE IN MEDIATION PROGRAM

1. I understand that mediation is a dispute resolution process that is non-adversarial in nature and seeks to find reconciliation between disputing parties. The mediation process does not declare winners or losers. The main focus is to seek a resolution that is informal, quick and minimizes the harm to either party.
2. I understand that the Mediator is not involved in the dispute and is committed to treating this matter in a fair and unbiased way. The Mediator's role is to facilitate and help the parties reach for themselves a mutually satisfactory resolution to the problem. However, the decision making power rests with the parties, not the Mediator. If the parties cannot agree on a resolution, the Mediator will NOT impose a resolution nor will he/she offer judgment as to which party, if any, is at fault. In certain circumstances, Co-Mediators will be assigned to the matter.
3. I understand that the Mediator has no authority to make decisions or act as a judge or arbitrator. The Mediator will not act as an advocate or attorney for any party. To the extent either party wishes to have a representative or legal counsel to consult with or assist them in the mediation, that party is responsible for taking steps to have such person present.
4. I understand that mediation is a confidential process. Any documents submitted to the Mediator and statements made during the mediation are for settlement purposes only. I agree not to subpoena or request the Mediator to serve as a witness, or request or use as evidence any materials prepared by the Mediator for the mediation (with the exception of a settlement agreement signed by the parties). In no event will the Mediator testify on behalf of any party or submit any type of report in connection with this mediation other than to confirm that the mediation did or did not occur, the parties did or did not appear with the requisite authority and the dispute was or was not settled. However, I understand that matters that are admissible in a court of law or other administrative process continue to be admissible even though brought up in a mediation session.
5. I understand that no party shall be bound by anything said or done in the mediation unless a written settlement is reached and executed by all necessary parties. If a settlement is reached, the agreement shall be reduced to writing by the Mediator and, when executed by the parties with authority, the settlement document shall be legally binding.
6. In electing to use mediation, I understand that no statutory deadlines are waived, and that all statutory deadlines must be adhered to.
7. The aggrieved party's RIGHTS to pursue informal or formal processes are not waived and will be protected during the mediation process. At the same time, the aggrieved party's RESPONSIBILITIES to comply with all requirements of any administrative or court process, e.g., time limits, points of contact, ARE NOT WAIVED, and must be adhered to.
8. I understand that in the event the mediation is terminated for any reason, the aggrieved party may continue to pursue an informal or formal resolution of the matter as they see fit.

## AGREEMENT TO PARTICIPATE IN MEDIATION PROGRAM (CONT.)

9. No admission of guilt or wrongdoing by either party is implied, and none should be inferred, by participation in this process.
10. I will sincerely attempt to resolve this matter, agree to cooperate with the Mediator assigned to this matter, and give serious consideration to all suggestions made in regard to developing a realistic solution to the dispute. I will conduct myself in a courteous and non-hostile manner, use appropriate language, and allow the Mediator to interrupt the process if the Mediator feels a caucus or break is needed to facilitate the mediation process.
11. The Mediator agrees to notify the parties, their representatives and the appropriate management official of the status and results of the mediation process within one working day of termination of the process, including settlements, withdrawal from, or unsuccessful conclusion of the process.

***By signature below, I acknowledge that I have read, understand and agree to the provisions of this agreement, and will participate in mediation:***

Participant 1 Signature	Date
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Representative's Signature (if appropriate)	Date
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Participant 2 Signature	Date
-------------------------	------

Additional Signatures	Date
-----------------------	------

Additional Signatures	Date
-----------------------	------

Additional Signatures	Date
-----------------------	------

Mediator's Signature	Date
----------------------	------

Mediator's Signature	Date
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## AGENCY SURVEY ON MEDIATION PROGRAM

We are continually looking for ways to improve, as well as determine the effectiveness of the San Francisco Federal Executive Board (FEB) Mediation Program. FEB member agencies who have participated in the Program are requested to complete this questionnaire. Completing the questionnaire is voluntary, but will assist us in our efforts to improve the program. Please mail or FAX the questionnaire to the address below.

1. Agency: \_\_\_\_\_

2. Please describe any impacts or benefits that you feel have resulted from the mediation process. Examples might include relationships repaired, communication enhanced, office productivity enhanced, money saved, etc.

\_\_\_\_\_

3. Are you satisfied with the overall process?    \_\_\_\_ Yes                      \_\_\_\_ No

Please provide any comments:

\_\_\_\_\_

4. Will your agency continue to use mediation? \_\_\_\_ Yes                      \_\_\_\_ No

Please provide any comments:

\_\_\_\_\_

5. Is there anything that you think should be done to improve the San Francisco FEB Shared Neutrals Program?

\_\_\_\_ Yes                      \_\_\_\_ No

Please provide any comments:

\_\_\_\_\_

6. Please rate the following items on a scale of 1 to 5 by circling the number that represents your choice:

1 = strongly disagree

2 = somewhat disagree

3 = neither agree or disagree

4 = somewhat agree

5 = strongly agree

N = don't know or are unable to determine

a) The mediation process is impartial to your agency. ....1 2 3 4 5 N

b) The right parties were at the table. ....1 2 3 4 5 N

**AGENCY SURVEY ON MEDIATION PROGRAM (CONT.)**

- c) Negotiations were in good faith ..... 1 2 3 4 5 N
- d) Mediation has been used appropriately..... 1 2 3 4 5 N
- e) Your agency has been able to fully present your cases.....1 2 3 4 5 N
- f) Mediators have helped to create a positive atmosphere.....1 2 3 4 5 N
- g) Utilizing a mediator has helped create realistic options. ....1 2 3 4 5 N
- h) The mediators have been impartial.....1 2 3 4 5 N
- i) Mediators have provided the right amount of input. ....1 2 3 4 5 N
- j) Mediators have listened well. ....1 2 3 4 5 N
- k) Mediators have helped clarify the key issues. ....1 2 3 4 5 N
- l) Mediators have been fair..... 1 2 3 4 5 N
- m) Mediation has been effective. ....1 2 3 4 5 N

7. If your agency has participated in a co-mediation, was it beneficial to have two mediators?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

Please provide any comments:

\_\_\_\_\_

8. Please provide any other  
comments: \_\_\_\_\_

Thank you for taking the time to fill out this survey. The information you have provided will help us to improve the program. Please mail or FAX the questionnaire to:

Att: FEB Mediation Program Coordinator  
Civil Rights and Equal Opportunity  
P.O. Box 4116  
Richmond, CA 94804  
Or Fax to: (510) 970-8217



## MEDIATION PROGRAM SETTLEMENT AGREEMENT

Unless otherwise stated, the undersigned settle all disputes existing between them.

The participants agree to the following:

- 
- 
- 
- 
- 

1. This agreement is a binding and enforceable settlement contract and neither participant can change his/her mind at a later date without another written Agreement among the parties.
2. The parties agree to use mediation to resolve any disagreements concerning this agreement.

Participant One \_\_\_\_\_ Date \_\_\_\_\_

Participant Two \_\_\_\_\_ Date \_\_\_\_\_

Employee Representative \_\_\_\_\_ Date \_\_\_\_\_

Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

## MEDIATION PROGRAM SETTLEMENT AGREEMENT

Unless otherwise stated, the undersigned settle all disputes existing between them.

The participants agree to the following:

- 
- 
- 
- 
- 

3. This agreement is a binding and enforceable settlement contract and neither participant can change his/her mind at a later date without another written Agreement among the parties.
4. The settlement agreement is in full satisfaction of all claims complainant may have with regard to case number:  
In consideration of settlement, complainant withdraws the complaint as fully satisfied.
5. If the Agency does not carry out or rescinds any action specified by the terms of the agreement, the procedures available under CFR 1614.504 apply.

Participant One \_\_\_\_\_ Date \_\_\_\_\_

Participant Two \_\_\_\_\_ Date \_\_\_\_\_

Employee Representative \_\_\_\_\_ Date \_\_\_\_\_

Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

## CUSTOMER SURVEY FOR MEDIATION PROGRAM

We are looking for ways to improve, as well as determine the effectiveness of the San Francisco Federal Executive Board (FEB) Mediation Program. Persons who have utilized this Program are asked to complete this questionnaire. Your input will assist us in improving the program, but completing the form is voluntary.

1. Your name: \_\_\_\_\_ (Optional) Your Agency: \_\_\_\_\_

2. Your role in the mediation: \_\_\_\_\_  
(complainant, representative, management official, etc.)

3. Name of Mediator: \_\_\_\_\_

4. Describe the type of settlement that resulted from the mediation process.

\_\_\_\_\_ Full settlement of all issues      \_\_\_\_\_ No settlement of any issues

\_\_\_\_\_ Partial settlement of the issues

5. Please describe any other impacts or benefits that you felt resulted from the mediation process. Examples might include relationships repaired, communication enhanced, office productivity enhanced, money saved, etc.

\_\_\_\_\_  
\_\_\_\_\_

6. Were you satisfied with the process?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
Please provide any comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Would you use mediation again?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
Please provide any comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please rate the following items on a scale of 1 to 5 by circling the number that represents your choice:

- 1 = strongly disagree
- 2 = somewhat disagree
- 3 = neither agree or disagree
- 4 = somewhat agree
- 5 = strongly agree
- N = don't know or are unable to determine

### CUSTOMER SURVEY FOR MEDIATION PROGRAM (CONT)

- a) The mediation process was impartial. ....1 2 3 4 5 N
- b) The right parties were at the table. ....1 2 3 4 5 N
- c) Both sides negotiated in good faith. ....1 2 3 4 5 N
- d) Mediation was appropriate for this matter. .... 1 2 3 4 5 N
- e) You were able to fully present your case..... 1 2 3 4 5 N
- f) The mediator helped create a positive atmosphere..... 1 2 3 4 5 N
- g) The mediator helped create realistic options for settling the matter..... 1 2 3 4 5 N
- h) The mediator was impartial..... 1 2 3 4 5 N
- i) The mediator provided the right amount of input. .... 1 2 3 4 5 N
- j) The mediator listened well..... 1 2 3 4 5 N
- k) The mediator helped clarify the key issues of the parties. .... 1 2 3 4 5 N
- l) The mediator explained the process well. .... 1 2 3 4 5 N
- m) The mediator was fair..... 1 2 3 4 5 N
- n) The mediator was effective. .... 1 2 3 4 5 N

Please provide comments:

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Thank you for taking the time to fill out this survey. The information you have provided will help us to improve the program. Please **mail** this questionnaire to:

Att: FEB Mediation Program Coordinator  
Social Security Administration  
Civil Rights and Equal Opportunity  
P.O. Box 4116  
Richmond, CA 94804

**or FAX** to: (510) 970-8217

**or e-mail** to: [raymonde.mccoy@ssa.gov](mailto:raymonde.mccoy@ssa.gov)

## MEDIATOR CLOSEOUT/FEEDBACK FORM

We are continually looking for ways to improve, as well as determine the effectiveness of the San Francisco Federal Executive Board (FEB) Mediation Program. Persons who have participated as mediators are requested to complete this form upon completion of each mediation. **The form will also serve as a close-out to the case.**

### **Mediator Info:**

Name: \_\_\_\_\_

Employing Agency: \_\_\_\_\_

### **Services Info:**

Requesting Agency: \_\_\_\_\_ Date of Mediation: \_\_\_\_\_

Parties involved: \_\_\_\_\_

	Name	Name
Length of mediation:	_____	_____
Place of mediation:	_____	_____

Please **circle the number** best describing the final disposition of the mediation session:

1. No Resolution—Conflict still exists
2. No Resolution—Communication between parties has improved as a result of mediation
3. Partial Resolution—A settlement agreement has been executed for some of the issues
4. Complete Resolution—A settlement agreement has been executed for all identified issues

Are you satisfied with the process?      \_\_\_\_ Yes      \_\_\_\_ No

Please provide any comments:

\_\_\_\_\_

Is there anything that you think should be done to improve the San Francisco FEB Mediation Program?      \_\_\_\_ Yes      \_\_\_\_ No      Please provide any comments:

\_\_\_\_\_

Please rate the following items on a scale of 1 to 5 by circling the number that represents your choice:

- |                               |   |
|-------------------------------|---|
| 1 = strongly disagree         | 2 = somewhat disagree                     |
| 3 = neither agree or disagree | 4 = somewhat agree                        |
| 5 = strongly agree            | N = don't know or are unable to determine |

The right parties were at the table.	1	2	3	4	5	N
Both sides negotiated in good faith.	1	2	3	4	5	N
Issue was appropriate for mediation	1	2	3	4	5	N
There were realistic options for settling the matter.	1	2	3	4	5	N
Key issues were clarified.	1	2	3	4	5	N

If you participated in a co-mediation, was it beneficial to have two mediators?      \_\_\_\_ Yes      \_\_\_\_ No

Thank you for taking the time to fill out this survey.

Please **mail** to the:      FEB Mediation Program Coordinator  
Social Security Administration  
Civil Rights and Equal Opportunity  
P.O. Box 4116  
Richmond, CA 94804

**or FAX to:** 510-970-8217

**or e-mail to:**  
raymonde.mccoy@ssa.gov